U.S. IMMIGRATION AND CUSTOMS
ENFORCEMENT AND REMOVAL OPERATIONS
ICE HEALTH SERVICE CORPS

BEHAVIORAL HEALTH SERVICES (OVERVIEW)

IHSC Directive Number: 07-02
ERO Directive Number: 11806.3
Federal Enterprise Architecture Number: 306-112-002b
Effective Date: 25 Mar 2016

By Order of the Acting Assistant Director
Stewart D. Smith, DHSc/s/

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1. **PURPOSE:** This issuance outlines behavioral health services provided to detainees /residents (hereafter referred to as "detainee") at facilities with ICE Health Service Corps (IHSC) clinics and services provided by IHSC Behavioral Health Unit staff.

2. **APPLICABILITY:** This directive applies to all IHSC personnel, including but not limited to, Public Health Service (PHS) officers and civil service employees supporting health care operations in ICE-owned or contracted detention facilities and to IHSC Headquarters (HQ) staff. This directive applies to contract personnel when supporting IHSC in detention facilities and at HQ. Federal contractors are responsible for the management and discipline of its employees supporting IHSC.

3. **AUTHORITIES AND REFERENCES:**

   3-1. Title 8, U.S. Code, Chapter 4, section 1231 (g) 8 U.S.C. § 1231 (g); INA § 241(g)), Places of Detention.

   3-2. Title 8, Code of Federal Regulations, section 241.14 (f) 8 C.F.R. § 241.14(f); Detention of Aliens Determined to be Specially Dangerous.

   3-3. Title 42, U.S. Code, Chapter 102, subchapter IV, section 9501 42 U.S.C. § 9501, Behavioral Health Patient Bill of Rights.

   3-4. Title 8, Code of Federal Regulations, section 232 (8 CFR 232) Detention of Aliens for Physical and Behavioral Examination.

   3-5. Section 322 of the Public Health Service Act (42 USC§ 249 (a)), Medical Care and Treatment of Quarantined and Detained Persons.

   3-6. Patient Self-Determination Act (42 U.S.C. § 1395cc (f)).

4. POLICY: The IHSC provides timely behavioral health care to detainees through a variety of services. This policy provides an overview of the structure of those services and the types of services offered.

4-1. Designated Behavioral Health Authority.

a. The Chief of the Behavioral Health Unit at IHSC Headquarters (HQ) is the designated behavioral health authority for all of IHSC. When the position is vacant, the Deputy Assistant Director (DAD) for Clinical Services is the authority.

b. The Health Services Administrator (HSA) designates the local behavioral health authority at the IHSC staffed facility.

4-2. Behavioral Health Staffing.

a. IHSC-staffed medical facilities offer behavioral health services to detainees in a clinical setting on regular business days.

b. The facility provides 24-hour emergency behavioral health services to meet the needs of detainees.

c. IHSC-designated psychiatrists provide tele-mental health services as needed.

4-3. Behavioral Health-Related Services Provided by IHSC Non-Behavioral Health Staff. See the *Behavioral Health Services Guide,* Section II, D located within the following folder: All Guides, for the table outlining the scope of practice for non-behavioral health providers by discipline.

4-4. Detainee Notification of Behavioral Health Services. Facility or health services staff notifies detainees in writing and verbally about behavioral health services available in the Behavioral Health Services Guide, Section III, A & B located within the following folder: All Guides for more detailed information.

4-5. Behavioral Health-Related Patient Education. IHSC health care providers have access to a variety of behavioral health-related patient education materials translated into many languages. See the *Behavioral Health Services Guide,* Section IV, located within the following folder: All Guides, for more detailed information.

4-6. Behavioral Health Pre-Screening and Intake Screening. Nursing staff and, at times when nursing staff is unavailable, other medical providers conduct a pre-screening immediately upon arrival and an intake

screening within 12 hours of arrival that includes questions related to behavioral health. See IHSC Directive 03-08 *Pre-Screening* and 03-10 *Intake Screening,* found within folder Book 3 - Medical Care for more information.

4-7. Physical Exam and Health Assessment. A specially-trained RN, MLP, or physician conducts a comprehensive medical/ behavioral health assessment within 14 days of arrival, or sooner if clinically indicated. Comprehensive medical/behavioral assessments are completed within 7 days of arrival for children (age 17 years or younger) See IHSC Directive 03-07 *Health Assessment,* found within folder Book 03 - Medical Care for more information.

4-8. Referrals. Referrals for detainees in need of routine behavioral health evaluation, a more in-depth psychiatric evaluation, psychotropic medications, or possible in-patient psychiatric treatment may be made at any time by health staff, non-clinical ICE personnel or contract security staff. See the *IHSC Behavioral Health Services Guide,* Section VIII, located in the following folder: All Guides, for more information on determining levels of care.

4-9. Behavioral Health Evaluation. If a health care provider refers a detainee for a behavioral health evaluation, the behavioral health provider (BHP) or other qualified provider conducts the evaluation within 72 hours of referral or sooner if necessary.

4-10. Treatment Planning: All detainees must have a treatment plan in place, developed or approved by a BHP or primary care physician within three business days of diagnosis. See the IHSC Behavioral Health Guide Section X, located in the following folder: All Guides for more detailed information.

4-11. Levels of Behavioral Health Care. IHSC provides appropriate and necessary levels of behavioral health care based on the patient's diagnosis. Levels of care can include: general population, medical housing units, and community hospitalizations. See the *IHSC Behavioral Health Services Guide,* Section XI, located in the following folder: All Guides for more information on determining levels of care.

4-12. Behavioral Health Treatment and Prioritization. IHSC utilizes a variety of treatment options to help stabilize detainees to include talk therapy, psychotropic medications, inpatient treatment, and crisis/emergency intervention. Prioritization for provision of services is found within the *IHSC Behavioral Health Services Guide,* Section XII, located in the following folder: All Guides.

4-13. Tele-Psychiatry. If the facility uses tele-psychiatry for patient encounters, the psychiatrist must ensure that: 1) the patient consents and signs a written consent form; 2) the detainee's confidential health information is protected, 3) his/her findings are documented, and 4) the consultation report is integrated into the detainee's primary health care record. The process for initiating Tele-Psychiatry: Referrals are made through the electronic chart or directly to the provider. Please follow eCW appointment scheduling procedures.

4-14. Psychotropic Medications. Only physicians and psychiatric nurse practitioners may order a new psychotropic medication or change the dose of a psychotropic medication. Designated MLPs (designated by a physician or CD) may order psychotropic medication for continuity of care purposes (i.e., continue currently prescribed medications). See the *IHSC Behavioral Health Services Guide,* located in the following folder: All Guides, Section XIV, for more information on psychotropic medication issues.

4-15. Forced Emergency Psychotropic Medication (Chemical Restraints)

a. Involuntary administration of psychotropic medications to a detainee can only occur when a physician has declared a psychiatric emergency with a risk of harm to self or others, and all less restrictive intervention options have been exercised without success. Such an administration complies with established guidelines, applicable laws, and occurs only under the specific and detailed authorization of a physician. See Policy 07-01, *Medical Restraints/Therapeutic Seclusion,* found within folder Book 07 - Behavioral Health for more information.

b . RN or MLP Initiation in Emergency. If an RN or MLP initiates an involuntary administration of psychotropic medication in an emergency situation, it must be done after a verbal order from a physician is obtained. The RN or MLP records the verbal order in the detainee's health record within an hour of the order being given.

c. The Health Services Administrator or Clinical Director must notify IHSC HQ Behavioral Health Unit via email and must submit an Incident Report Form 010 to Medical Quality Management for any involuntary administration of psychotropic medications. Both must be completed within 24 hours or one business day.

4-16. Substance Abuse Identification and Services. Detainees with identified substance dependence or substance abuse problems receive a level of services, appropriate for maintenance and stabilization, while in the custody of ICE. These services may include drug education,

counseling, and monitoring. For more information, see IHSC Directive 03-13 *Detainees with Substance Dependence or Abuse,* found within folder Book 03 - Medical Care for more information

4-17. Detainees at Risk for Sexual Victimization. Detainees identified during the intake screening process as 'high risk' for sexual victimization are assessed by a BHP or other qualified health care providers. Upon completion of the assessment and recommendation of the behavioral health or other qualified health care provider, detainees who are considered likely to become victims are recommended for placement in the least restrictive housing that is available and appropriate at the facility.

4-18. Victims of Sexual Assault. See IHSC Directive 03-01 *Sexual or Physical Assault, Abuse or Neglect*, found within folder Book 03 - Medical Care for information.

4-19. Segregated Detainees and Detainees with Limited Outside Access. The IHSC BHP or other qualified health care provider conducts weekly rounds in the Special Management Unit (SMU) to evaluate the safety and behavioral health needs of all detainees held in disciplinary or administrative segregation and reports the information to IHSC HQ Behavioral Health Unit on a weekly basis. The BHP completes the mental health segregation smart form within the electronic health record and assigns the completed form only if the detainee has a mental health diagnosis to the designated mental health coordinator in HQ for review and electronic signature. See the *Behavioral Health Services Guide,* Section XIX, located within the following folder: All Guides, for more detailed information.

4-20. Continuity of Care for Behavioral Health Patients. IHSC provides appropriate standards of care to maintain and stabilize detainees in preparation for removal or release. All behavioral health services are based on the detainee's behavioral health condition, compliance with the treatment plan, cooperation with the medical staff, response to medications, if applicable, and progress with treatment. See the *Behavioral Health Services Guide,* Section XX, located within the following folder: All Guides, for more detailed information.

4-21. Monitoring of Detainees with Chronic Mental Illness. The BHP monitors the functioning of detainees identified as suffering from chronic mental illness. A BHP sees detainees with chronic mental illness monthly, or more frequently if clinically indicated, as long as they remain in detention. Those detainees on psychotropic medications must be seen by a physician or mid-level provider (MLP) at least once every 30 days for management and medication renewal and the detainee is seen at least

every 90 days by the psychiatrist or physician.

4-22. Serious Mental Disorders or Conditions. The BHP provides weekly reports on all detainees who meet the criteria for serious mental illness. The BHP completes a Mental Health Review form (IHSC Form 883) for every patient on the Patient Report Spreadsheet at the inclusion of the patient on the list and once a month thereafter as long as the patient remains on the list. See *Behavioral Health Services Guide*, Section VII, located within the following folder: All Guides, for more detailed information.

4-23. Communication with ICE Staff Regarding Detainees with Serious Mental Disorders or Conditions. The BHP completes a Mental Health Review form (IHSC-883) when requested by Office of the Principal Legal Advisor (OPLA) and /or the local Office of the Chief Counsel (OCC) These requests may come directly from OPLA/OCC or from HQ BHU. See *Behavioral Health Service Guide*, Section XX, located within the following folder: All Guides, for more detailed information.

4-24. Children (ages 17 or younger). All mental health referrals for children must be completed within 24 hours of the referral. Wellness checks are conducted weekly on all children housed in family residential facilities. Segregation does not apply to resident children ages 17 years or under. See *Behavioral Health Service Guide* Section XXI for more detailed information regarding the Wellness Checks, Victim of Sexual Assault, Suicide Prevention/Intervention and Mental Health Related Family Separations.

4-25. Forensic Behavioral Health Evaluations. IHSC staff does not conduct or make referrals for forensic behavioral health evaluations unless court-ordered. If a detainee has been determined to be especially dangerous pursuant to 8 C.F.R. § 241.14 (f), then an annual Post Order Custody Review (POCR) evaluation must be performed. These forensic behavioral health evaluations are coordinated by the HQ Behavioral Health Unit upon request from the Enforcement and Removal Operations (ERO) POCR unit.

4-26. Non-IHSC-Staffed Facilities. In non-IHSC-staffed facilities (i.e. intergovernmental service agreement (IGSA) facilities), the IHSC Field Medical Coordinator (FMC) works with the facility administrator to identify all individuals with behavioral health concerns within his/her area of responsibility. The FMC must immediately report any major changes in stability for a detainee with a serious behavioral health condition to the FOD and OCC, and the medical chain of command in IHSC and the assigned facility.

4-27. Consultative Services. IHSC BHPs may serve as subject matter experts

for ICE in the areas of their expertise.

4-28. Suicide Prevention and Intervention. See IHSC Directive OM 16-002 *Suicide Prevention and Intervention,* found within folder: Book 07 - Behavioral Health for more information.

4-29. Sick Call- Access to Care. Detainees with behavioral health concerns to include those in segregated housing, may request care on a daily basis through the sick call process. Sick call staff triage the request within 24 hours and follows-up in a timely manner. See IHSC Directive 03-02 – *Access to Care - Sick Call* located within the following folder, Book 03 - Medical Care for more information on processes.

4-30. Procedural Meetings. IHSC staff, including HSAs and Field Medical Coordinators, participate in ICE inter-component meetings with members of Enforcement and Removal Operations, the Office of the Principal Legal Advisor, and other components as appropriate to discuss detainees who have significant medical and behavioral health issues affecting continued detention, release, or removal, including acute or chronic conditions that may impact the detainee's capacity to participate in removal proceedings.

4-31. Behavioral Health Training. The IHSC BHPs or designated medical providers, may provide the annual training topics outlined in the *IHSC Behavioral Health Services Guide,* Section XXVII, located in the following folder: All Guides.

4-32. Peer Review. The IHSC Behavioral Health Unit or designees conduct peer reviews on all IHSC BHPs annually.

4-33. Protection of Medical Records and Sensitive Personally Identifiable Information (PII).

a. Staff keeps all medical records, whether electronic or paper, secure with access limited only to those with a need to know. Staff locks paper records in a secure cabinet or room when not in use or not otherwise under the control of a person with a need to know.

b. Staff is trained at orientation and annually on the protection of a patient's medical information and Sensitive PII.

c. Only authorized individuals with a need to know are permitted to access medical records and Sensitive PII.

d. Staff references the Department of Homeland Security *Handbook for Safeguarding Sensitive PII* (Handbook): at (b)(7)(E) [redacted] when additional information is needed concerning safeguard sensitive PII.

5. PROCEDURES: Related procedures are found in the *IHSC Behavioral Health Services Guide,* located in the following folder: All Guides

6. HISTORICAL NOTES: This Directive replaces IHSC Directive 07-02, *Behavioral Health Services,* dated 14 May 2014. The following sections were changed/added:

Moved Behavioral Health Pre-Screening and Intake Screening to section 4.6
Moved Physical Examination and Health assessment to section 4-7 and added requirement for children (ages 17 or younger).
Moved Referrals to section 4-8
Moved Behavioral Health Evaluation to section 4-9
Added section 4-10 Treatment Planning
Moved Levels of Behavioral Health Care to section 4-11.
Moved Behavioral Health Treatment and Prioritization to section 4-12.
Moved Tele-psychiatry to section 4-13 and added information on how to initiate tele-psychiatry.
Moved psychotropic medications to section 4-14.
Moved Emergency Involuntary Administration of Psychotropic Medications (Chemical Restraints) to section 4-15.
Moved Substance Abuse Identification and Services to section 4-16
Moved Detainees at Risk for Sexual Victimization to section 4-17
Moved Victims of Sexual Assault to section 4-18.
Moved Segregated Detainees and Detainees with Limited Outside Access to section 4-19 and included information regarding documentation in the electronic health record
Moved Continuity of Care for Behavioral Health Patients to section 4-20
Added section 4-21 Monitoring of Detainees with Chronic Mental Health Illness
Moved Serious Mental Illness to section 4-22 and changed the section title to Serious Mental Disorders or Conditions and included reporting requirements.
Added section 4-23 Communication with ICE staff regarding Detainees with Serious Mental Disorders or Conditions
Added section 4-24 Children (ages 17 or younger)
Moved Forensic Behavioral Health Evaluations to section 4-25
Moved Non-IHSC Staffed Facilities to section 4-26
Moved Consultative Services to section 4-27
Moved Suicide Prevention and Intervention to section 4-28

Moved Sick Call-Access to Care to section 4-29
Moved Procedural Meetings to section 4-30
Moved Behavioral Health Training to section 4-31
Moved Peer Review to section 4-32
Moved Protection of Medical Records and Sensitive Personally Identifiable Information (PII) to section 4-33
4-10. Treatment Planning
4-13. Tele-Psychiatry
4-19. Segregated Detainees and Detainees with Limited Outside Access
4-21. Monitoring of Detainees with Chronic Mental Illness
4-22. Serious Mentally Ill (SMI)
4-23. Communication with ICE Staff Regarding Detainees with Serious Mental Disorders or Conditions
4-24. Children (ages 17 or younger)

7. DEFINITIONS.

Behavioral Health Providers – Behavioral health providers are psychiatrists, clinical psychologists, independently licensed social workers, psychiatric nurse practitioners or any other behavioral health professional who, by virtue of their license, education, credentials, and experience, are permitted by law to evaluate and care for the mental health needs of patients.

Behavioral Health Unit – The Behavioral Health Unit is a unit under the Deputy Assistant Director of Clinical Service within IHSC. The Unit provides behavioral health services with a focus on meeting the best practice mental health standards to detainees in IHSC custody. The Behavioral Health Unit provides consultation on behavioral health issues, coordinates Post Order Custody Review (POCR) evaluations and any other services requested by ICE. (IHSC Operational Definition)

Clinical Director (CD) – The Clinical Director is a physician and is the clinical medical authority at a specific facility. Duties include clinically supervising the Staff Physician (if applicable) and mid-level providers, evaluating patient care through an ongoing quality assurance program, providing training and mentoring to health care staff, and evaluating and treating medically complex patients. The CD is board certified in family medicine, internal medicine, or related primary care specialty to maintain employment. (IHSC Operational Definition)

Facility Staff – For IHSC purposes, this may refer to any non-medical staff at Service Processing Centers (SPCs), Contract Detention Facilities (CDFs), or Intergovernmental Service Agreement (IGSA) Facilities who are federal or contract employees. This includes, but is not limited to ERO Law Enforcement Officers and custody staff (contract or non-contract), who may or may not have contact with detainees. (IHSC Operational Definition)

Field Medical Coordinator (FMC) – FMCs operate within the Medical Case Management Unit and are co-located with the Field Office Directors (FODs). The FMC identifies and monitors detainees with significant medical conditions, performs case monitoring on detainees who are hospitalized, and assists with alternate placement of detainees in IGSA facilities. He or she gathers information and documents for medical reviews and collaborates with appropriate health officials to ensure continuity of care upon removal for those detainees with significant health conditions. (IHSC Operational Definition)

Health Care Personnel or Providers – Health care personnel or providers are credentialed individuals employed, detailed, or authorized by IHSC to deliver health care services to detainees. It includes federal and contract staff assigned or detailed (i.e. temporary duty) who provide professional or paraprofessional health care services as part of their IHSC duties. (IHSC Operational Definition)

Health Services Administrator (HSA) – The HSA is the designated IHSC administrator at a facility who provides administrative and supervisory oversight of day to day operational activities at IHSC staffed medical facilities. (IHSC Operational Definition)

Health Staff – Health staff includes all health care professionals (including contracted staff) as well as administrative and supervisory staff at *IHSC staffed medical clinics.* (IHSC Operational Definition)

Mid-Level Providers – Mid-level providers are nurse practitioners (NPs) and physician assistants (PAs). (IHSC Operational Definition)

Nursing Staff – Nursing staff, within IHSC, are registered nurses (RNs), licensed practical nurses (LPNs), and licensed vocational nurses (LVNs). (IHSC Operational Definition)

8. APPLICABLE STANDARDS:

8-1. Performance Based National Detention Standards (PBNDS):

PBNDS 2011: 4.3 *Medical Care.*

8-2. American Correctional Association (ACA):

a. Performance-Based Standards for Adult Local Detention Facilities, 4th edition:
4-ALDF-4C-27 *Behavioral Health Program.*
4-ALDF-4C-28 *Behavioral Health Program.*
4-ALDF-4C-29 *Behavioral Health Screen.*
4-ALDF-4C-30 *Behavioral Health Appraisal.*
4-ALDF-4C-31 *Behavioral Health Referrals.*

4-ALDF-4C-30 *Behavioral Illness and Developmental Disability.*
4-ALDF-4C-40 *Special Needs Inmates.*

b. Standards for Adult Correctional Institutions, 4th edition:
4-4368 *Behavioral Health Program.*
4-4369 *Behavioral Health Program.*
4-4370 *Behavioral Health Screen.*
4-4371 *Behavioral Health Appraisal.*
4-4372 *Behavioral Health Evaluations.*
4-4374 *Behavioral Illness and Developmental Disability.*
4-4399 *Special Needs Inmates.*

c. Performance-Based Standards for Correctional Health Care in Adult Correctional Institutions:
1-HC-1A-25 *Behavioral Health Program.*
1-HC-1A-26 *Behavioral Health Program.*
1-HC-1A-27 *Behavioral Health Screen.*
1-HC-1A-28 *Behavioral Health Appraisal.*
1-HC-1A-29 *Behavioral Health Evaluations.*
1-HC-1A-31 *Behavioral Illness and Developmental Disability.*
1-HC-3A-06 *Special Needs Inmates.*

8-3. National Commission on Correctional Health Care (NCCHC):
Standards for Health Services in Jails, 2014:
J-E-05 *Behavioral Health Screening and Evaluation.*
J-G-01 *Chronic Disease Services.*
J-G-02 *Patients with Special Health Needs.*
J-G-04 *Basic Behavioral Health Services.*
J-G-07 *Intoxication and Withdrawal.*
J- I- 02 *Emergency Psychotropic Medication.*

9. PRIVACY AND RECORDKEEPING. IHSC stores, retrieves, accesses, retains, and disposes of these records in accordance with the Privacy Act and as provided in the Alien Health Records System of Records Notice, 80 Fed. Reg. 239 (January 5, 2015). The records in the electronic health record (eHR)/eClinicalWorks (eCW) are destroyed ten (10) years from the date the detainee leaves ICE custody. Retention periods for records of minors may differ. Paper records are scanned into eHR and are destroyed after upload is complete.

10. NO PRIVATE RIGHT STATEMENT: This policy is an internal policy statement of IHSC. It is not intended to, and does not create any rights, privileges, or benefits, substantive or procedural, enforceable against the United States; its departments, agencies, or other entities; its officers or employees; or any other person.

ICE HEALTH SERVICE CORPS **OPERATIONS MEMORANDUM**

OM 16-011
Effective Date: 24 Mar 2016

By Order of the Acting Assistant Director
Stewart D. Smith, DHSc/s/

TO: IHSC Public Health Service (PHS) Commissioned Corps Officers, Civilian Federal Employees and Contract Personnel

SUBJECT: Behavioral Health Provider Peer Review

1. PURPOSE: This Operations Memorandum (OM) sets forth the guidance for peer reviews of behavioral health providers.

2. APPLICABILITY: This OM applies to all Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC) personnel, including but not limited to, Public Health Service (PHS) officers and civil service employees supporting health care operations in ICE-owned or contracted detention facilities and to IHSC Headquarters (HQ) staff. This OM applies to contract personnel when supporting IHSC in detention facilities and at HQ. Federal contractors are responsible for the management and discipline of their employees supporting IHSC.

3. AUTHORITIES AND REFERENCES:

3-1. Title 8, Code of Federal Regulations, Section 235.3 (8 CFR § 235.3), Inadmissible Aliens and Expedited Removal.

3-2 Section 232 of the Immigration and Nationality Act, as amended, Title 8, U.S. Code, Section 1222 (8 USC § 1222), Detention of Aliens for Physical and Mental Examination.

3-3. Title 8, Code of Federal Regulations, Section 232 (8 CFR § 232), Detention of Aliens for Physical and Mental Examination.

3-4. Section 322 of the Public Health Service Act, as amended, Title 42 U.S. Code, Section 249(a) (42 USC § 249(a)), Medical Care and Treatment of Quarantined and Detained Persons.

3-5. Title 42, U.S. Code, Section 252 (42 USC § 252), Medical Examination of Aliens.

4. GUIDANCE: The IHSC Behavioral Health Unit (BHU) conducts annual peer reviews for all behavioral health providers including psychiatrists, psychologists licensed clinical social workers and any other licensed independent mental health practitioner. The term "peer" refers to any practitioner who possesses the same or similar knowledge in training and licensure. The peer review is done as part of the credentialing process to ensure that all practicing clinicians are properly assessing and treating patients. The IHSC Chief of Behavioral Health or designee conducts all peer reviews on all psychiatrists once a year. The IHSC headquarters BHU licensed clinical social workers or designee completes all annual peer reviews due on all clinical social workers. The IHSC Chief of Behavioral Health or designee designates a clinical psychologist to complete annual peer reviews on all psychologists.

4-1. Peer Review: An annual peer review will be completed on all behavioral health providers upon their due date. The first peer review will be done within their first year of employment. A log or other written record, listing names of the individuals reviewed, lists the dates of their most reviews is maintained by the IHSC Headquarters BHU.

4-2. Peer reviews are kept confidential and incorporate, at a minimum, the following Information:

a. the date of the review,

b. the name and credentials of the reviewer,

c. a summary of the findings and corrective action, if any, and

d. confirmation that the review was shared with the individual being reviewed.

5. PROCEDURES:

5-1. Advance Preparation and Notification: The BHU program assistant keeps a log of the peer review due dates of all the behavioral health providers. The IHSC Headquarters' credentialing department will only notify the BHU program assistant when the behavioral health provider's initial peer review is due. The notification is usually sent 60 days prior to the due date. The BHU program assistant will send a notification to the Health Service Administrator (HSA) that the behavioral health provider's peer review is due. The notification will include a request for five alien numbers of detainees that have been seen by the BHP. The HSA will have 72 hours to e-mail the five alien numbers of the identified charts. All charts that are identified for review must be within the same calendar year of the due date of the peer review. The charts must also include the behavioral health provider's initial assessment of the detainees. The BHU program assistant will also notify the appropriate reviewer within 60 days to complete the behavioral health provider's peer review. The reviewer will have seven business days to complete it. There are specific designated forms for the

psychiatrists, social workers and psychologists, that are **located in the Appendices A (Psychiatrists) and B (Behavioral Health Provider)**

5-2. Record Selection. The Health Services Administrator (HSA) is responsible for directing the medical records staff to randomly select the required five charts for review that includes the behavioral health provider's initial assessment or evaluation.

a. The mental health evaluations shall include:

(1) Reason for referral;

(2) History of any mental health treatment or evaluation;

(3) History of illicit drug/alcohol use or abuse or treatment for such;

(4) History of suicide attempts;

(5) Documentation of informed consent and potential side effects for prescribed medications (psychiatrist peer review only);

(6) Statement present indicating that the initial mental health evaluation has been reviewed (psychiatrist peer review only);

(7) Current suicidal/homicidal ideation or intent;

(8) Current use of any medication;

(9) Within the last 12 months following labs ordered: if on a conventional mood stabilizer or atypical antipsychotic at a minimum a CBC, chem.7, LFTs, and lipids. If on a conventional mood stabilizer also a medication level (except for trileptal), and a TSH if on Lithium (psychiatrist peer review only);

(10) If on two antipsychotics, an appropriate rationale has been documented. Rationales such as a crosstabper, or second on is an atypical being used for mood stabilization (psychiatrist peer review only);

(11) Medical and substance diagnoses are accurately reflected in the diagnosis review page and action has been taken on significant substance abuse (psychiatrist peer review only);

(12) Documentation of Abnormal Involuntary Movement Scale AIMS exam within the last year if on antipsychotics (psychiatrist peer review only);

(13) Documentation of weights and height within the last six months if on anti-psychotic or mood stabilizer (psychiatrist peer review only);

(14) Estimate of current intellectual functioning (psychiatrist peer review only);

(15) Mental health screening, to include prior history physical, sexual, emotional abuse, or violent behavior;

(16) Impact of any pertinent physical condition;

(17) Mental Status Examination;

(18) Family history and cultural background (social worker and psychologist only);

(19) Education background (social worker and psychologist only);

(20) Work history (social worker and psychologist only);

(21) Diagnostic and Statistical Manual (DSM) 5 Diagnosis;

(22) Treatment plan and recommendations; and

(23) Disposition

c. Findings. After the peer review is complete, the Chief of Behavioral Health or designee will review the findings and make recommendations on whether or not the privileges are granted based on the findings. The BHU program assistant will relay the findings to the HSA and behavioral health provider fourteen days prior to the expiration date of the current clinical privileges. If the provider has questions regarding the findings, he or she should arrange a meeting with his/her HSA to discuss questions and concerns. If deemed necessary and appropriate, the HSA can also arrange a meeting between the behavioral health provider and reviewer to further discuss the results or questions about his/her peer review.

d. Review and Action Plan: The HSA will review the findings with the behavioral health provider in an arranged meeting. This discussion will consist of plans for improvement in any areas that are determined to be deficient. Negative findings are used to help identify and educate the behavioral health provider on areas of improvement that are warranted. A corrective action plan is required if the behavioral health provider's peer review is deficient in more than three areas in one chart. The behavioral health provider being reviewed is notified of all results and provided time to

explain any negative results. Opportunities for improvement and /or retraining are made available to the behavioral health provider being reviewed on a reasonable basis as determined by the Chief of Behavioral Health or designee.

e. Determination Findings: Upon completion and review of the peer review report, the Chief of Behavioral Health or designee submits a letter to the IHSC credentialing office confirming that the peer review has been completed. The letter indicating completion of peer review is also included as part of the privileging packet. Determination letter is located in **Appendix C.**

f. Unsatisfactory Findings: If a peer review is unsatisfactory, the Chief of Behavioral Health or designee develops a correction action plan. A subsequent medical record review is conducted within a three (3) to six (6) month period. If upon observation, a behavioral health provider's performance places patients in danger or appears to put the patient in harm's way, or if the quality of care is compromised, the Chief of Behavioral Health or designee will consider whether to make a recommendation to the IHSC Medical Director to restrict or revoke clinical privileges and initiate request for an investigation in accordance with the IHSC Bylaws of the Medical Staff, Article VII.

6. HISTORICAL NOTES: This is a new OM.

7. DEFINITIONS:

Behavioral Health Providers – Behavioral health providers are psychiatrists, clinical psychologists, independently licensed social workers, psychiatric nurse practitioners or any other behavioral health professional who, by virtue of their license, education, credentials, and experience, are permitted by law to evaluate and care for the mental health needs of patients.

Behavioral Health Unit – The Behavioral Health Unit is a unit under the Deputy Assistant Director of Clinical Service within IHSC. The Unit provides behavioral health services with a focus on meeting the best practice mental health standards to detainees in IHSC custody. The Behavioral Health Unit provides consultation on behavioral health issues, coordinates Post Order Custody Review (POCR) evaluations and any other services requested by ICE. (IHSC Operational Definition)

Health Services Administrator (HSA) – The HSA is the designated IHSC administrator at a facility who provides administrative and supervisory oversight of day to day operational activities at IHSC staffed medical facilities. (IHSC Operational Definition)

Peer Review – Peer review is the process by which health care providers/ professionals evaluate the care of a fellow provider/professional of the same discipline and make determinations about the quality of that care and whether the professional

standard of care was met in a given clinical situation. (DHS Directives System - Instruction # 248-01-001, Revision 1 - Medical Quality Management)

8. APPLICABLE STANDARDS:

8-1. Performance Based National Detention Standards (PBNDS) 2011:
4.3 Medical Care, BB. Administration of the Medical Department, 3. Peer Review

8-2. American Correctional Association (ACA):

(1) Performance-Based Standards for Adult Local Detention Facilities, 4th edition: 4-ALDF-4D-25 Peer Review

(2) Performance-Based Standards for Correctional Health Care in Adult Correctional Institutions: 1-HC-4A-04 Peer Review

(3) Standards for Adult Correctional Institutions, 4th edition: 4-4411 Peer Review

8-3. National Commission on Correctional Health Care (NCCHC) 2014:
J-C-02 Clinical Performance Enhancement

APPENDIX A

IHSC Peer Review Form for Psychiatrist

PROVIDER: _____ REVIEWER: _____ DATE: _____

CRITERIA										
Alien Number ►►										
	Y	N	Y	N	Y	N	Y	N	Y	N
1. Statement present indicating that the initial mental health evaluation has been reviewed?										
2. Mental Status Exam present?										
3. Documented assessment of Suicidal ideation and Homicidal ideation?										
4. Documentation of current medications?										
5. Treatment plan/recommendations present?										
6. Documentation of informed consent and potential side effects for prescribed meds?										
7. Diagnosis present and stated in DSM-V nomenclature?										
8. Within the last 12 months following labs ordered: If on a conventional mood stabilizer or atypical antipsychotic at a minimum a CBC, chem. 7, LFTs, and lipids. If on a conventional mood stabilizer also a medication level (except for trileptal), and a TSH if on lithium.										
9. If on 2 antipsychotics an appropriate rationale has been documented. Rationales such as a crosstaper, or 2nd one is an atypical being used for mood stabilization.										
10. Medical and substance abuse diagnoses are accurately reflected in the diagnosis review page and action has been taken on significant substance abuse										
11. Documentation of AIMS exam within the last year if on anti-psychotics.										
12. Documentation of weights and height within the last six months if on anti-psychotics or mood stabilizer.										

APPENDIX B

IHSC Behavioral Health Provider Peer Review Form

Routing: Peer Reviewer: _____ Provider Reviewed:_____

MONTH: _____ PROVIDER:_____ REVIEWER:_____ DATE: _____

CRITERIA										
Alien Number:										
	Y	N	Y	N	Y	N	Y	N	Y	N
1. The Reason for Referral										
2. History of present illness (HPI) present?										
3. Pertinent past history present?										
4. Inquiry of past history of abuse (e.g., physical, sexual, or emotional)?										
5. Inquiry of previous psychiatric history?										
6. Inquiry of family psychiatric history?										
7. Documentation of alcohol use/abuse?										
8. Documentation of drug use/abuse?										
9. Documentation of current medical problems?										
10. MSE present?*										
11. Documented assessment of SI and HI?*										
12. Documented assessment of psychosis?										
13. Family History and cultural background										
14. Education level										
15. Work history										
16. Diagnosis present and stated in current DSM nomenclature?										
17. Diagnosis consistent with HPI, past history, and MSE?*										
18.. Disposition statement present (e.g., f/u with mental health, admit to SSU, send to ER, etc.)?										
19. Disposition consistent with diagnosis, HPI, past history, and MSE?										
20. Treatment plan/recommendations present?*										
21. Treatment plan/recommendations consistent with diagnosis, HPI, past history, and MSE?*										

Comments:_____
_____
_____

APPENDIX C

DETERMINATION LETTER

U.S. Immigration and Customs Enforcement

ICE Health Service Corps
U.S. Public Health Service
500 12th St SW, 2nd Floor
Washington, DC 20024

DATE:

TO:

FROM:

SUBJECT: Annual Peer Review

This memo is to inform you that your peer review was completed on (Date) by (Behavioral Health Provider) and resulted in expected outcomes as established by IHSC Peer Review Process. Please contact me if you have any questions or concerns about your peer review.